Getting Evidence into Clinical Practice: Musculoskeletal Research Facilitation Group (CAT Group)
June 2020

Specific Question:

In patients with Dupuytrens disease is there any conservative management; injection/stretches/splinting beneficial compared to no treatment at all in improving pain/ROM/function outcomes prior to any surgical intervention?

Clinical bottom line

There is no good quality evidence available to support or refute the benefit of conservative management; injection/stretching/splinting for improving pain/ROM/function outcomes prior to any surgical intervention.

Why is this important?

Dupuytrens condition affects approx. 4% of the UK population. Prevalence increases with age, but disease progression is not inevitable. It is noted that only 30-50% of patients developing progressive flexion deformities and requiring some form of secondary care intervention.

In our locality, once the patient sees the GP they are triaged via an interface service. A decision is then made on whether they are at the appropriate stage for this further intervention, this could be done from the paper triage or within the clinic depending on the referral. The majority of clinicians, do not advocate any intervention in the forms of splinting, exercises, injections or stretches from experience and previous evidence based practice. Advice and information is the main form of treatment given.

For patients to get referred through to secondary care for any other intervention they have to meet the Value Based Commissioning (VBC) Polices for Shropshire Clinical Commissioning Group (CCG) and Telford and Wrekin CCG (Version 1, July 2019) shown below. This guidance is set by the CCG and indicates that conservative management has to be tried for 3 months prior to referral through to secondary care. There is no definition given for what conservative management is or what the evidence is behind it.

This CAT is to look into the evidence available and whether a change needs to be implemented within our practice or the guidelines.

4.6 Dupuytren's contracture release in adults

The CCG will fund limited fasciectomy surgery for Dupuytren's Contracture where the following criteria are met:

- The patient has been reviewed by the MSK Triage and Assessment Service **AND**
- Alternative conservative management has been tried for a minimum of 3 months and failed
  AND
- The patient has severe disease, defined as fixed flexion greater than 60˚ at the metacarpophalangeal joints (MCPJ) or greater than 30˚ at the proximal interphalangeal joint 9PIPJ) **OR**
- The patient has moderate (Notable) functional impairment 30-60˚ fixed flexion at the MCPJ and less than 30˚ at the PIPJ to severe disease and has not responded to or has a clinical indication making them not suitable for needle fasciotomy **OR**
- there has been a rapid progression over 12 weeks

Evidence of meeting the above criteria must be provided by the Referring Clinician and Secondary Care Clinicians prior to referral and on request for prior approval for surgery. A prior approval code should be sought by the secondary care clinician to conduct procedure.

The CCG will not fund radiation therapy for Dupuytren's Contracture.

Inclusion Criteria

	Description	Search terms
Population and Setting	Adults with Dupuytrens disease	Primary and secondary care Adults Dupuytrens disease
Intervention or Exposure (i.e. what is being tested)	Conservative management	Splinting Injections Stretches Exercises
Comparison, if any	No Treatment	GP care, no treatment, usual care, wait and see
Outcomes of interest	Pain ROM Function Cost -effectiveness	Pain ROM Function Cost -effectiveness
Types of studies	Systematic reviews, rcts	

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Routine Databases Searched

Clinical Knowledge Summaries, PEDro, BMJ Updates, Clinical Evidence, TRIP, Database,NICE,HTA,Bandolier,The,CochraneLibrary,Medline,Cinahl,Embase,PsycInfo,Professional websites. Joanna Briggs Institute, Web of science, Sports discus and Pub med

Results of the search

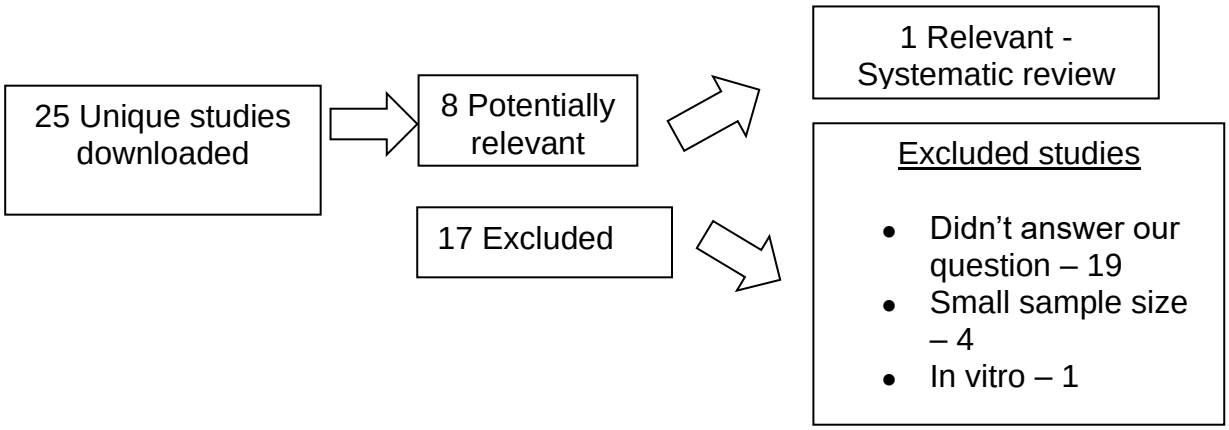

Table 1- Detail of included study

First Author, year and type of study	Population and setting	Intervention or exposure tested	Study results	Assessment of quality and comments
Ball et al 2016	PICO analysis of 26 studies – 20 case series, 1 cohort study, 4 case studies	Hand therapy, pharmacological or radiotherapy treatment	Graded level of evidence 4 - 5	All studies were under powered, providing insufficient evidence of efficacy. Steroid injections appear to lead to softening of the nodules but lacked rigorous evaluation and poor study design.

Implications for Practice/research

Further robust evidence is required to show that conservative management is beneficial to treatment of dupuytrens contracture prior to surgery. Implications of this is within the VBC guidelines as no high quality evidence is available to justify the 3 months of conservative treatment required prior to being able to refer a patient through to secondary care. This would reduce unnecessary face to face assessment with the interface team leading to a more- timely evidenced based pathway of care for the patient.

Tweet

No good quality evidence to support or refute the benefit of conservative management for Dupuytrens contractures.

References

Ball, C., Izadi, D., Verjee, L.S., Chan, J., Nanchahal, J (2016) Systematic review of non-surgical treatments for early dupuytren's disease. BMC Musculoskeletal Disorder 17:345. Doi:10.1186/s12891-016-1200-y